

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | SO       | 15316  | 4/13/00 |
| O.I.P.E. CLASSIFIER       |          | 10     | 4-22-00 |
| FORMALITY REVIEW          | WU       | 67479  | 6-13-W  |
| RESPONSE FORMALITY REVIEW |          | 67479  | 8-31-W  |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

| Claim    | Date     |
|----------|----------|
| Final    | 14/13/00 |
| Original | 04/13/00 |
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| 50       | ✓        |

| Claim    | Date     |
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| Final    | 12/13/00 |
| Original | 04/13/00 |
| 51       | ✓        |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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